## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/559,635 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** I"AMENDMENT AFTER AS FILED 2 MAMERIMENT AFTER I"AMERDMENT IND. DEP. 2 MAMENDMENT IND. DEP. IND. | DEP. IND. DEP. IND. DEP. IND. DEP. 35· • 43 TOTAL IND A A T TOTALERO \$ T TOTALDER **∜**≖ **\*** FOTALBE **∜¤** TOTAL TOTAL 图题 CLABES PTO - 1366 CHEST TERM U.S. DEPARTMENT of COMMERCE